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CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):

1. (Corporation Name)	60003394596-9 -09/15/0001051011 (Document#) ****125.00 ****125.00
2. (Corporation Name)	(Document #)
(Corporation Name) 4.	(Document #) (Document #) (Document #) (Document #) (Document #)
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 19, 2000

HORIZON MEDICAL GROUP 5403 ASHTON COURT SARASOTA, FL 34233

SUBJECT: HORIZON CAPE CORAL LLC

Ref. Number: W00000022801

We have received your document for HORIZON CAPE CORAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days are your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 200A00049280

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

HORIZON CARE CORAL Is ame of foreign limited liability company must occurrence in the name at present.)	end with the word	s "limited company" or their abbr	eviation "L.C." if not
DeLAWARE urisdiction under the law of which foreign limited impany is organized)	3 ted liability	65-1033278 (FEI number, if appl	icable)
7-3/- 2000 (Date of Organization)	5	Duration: Year limited liability cexist or "perpetual")	ompany will cease to
		ions 608.501, 608.502, and 317.1	
SARASOTA FL 34233		CAPE CORAL, F	L 33990
ist name, title, and business address of vill manage the foreign limited liability	company in Flo	orida: (attach additional page	e ii necessary)
NAME & ADDRESS: MARTIN T. Kern	TITLE:	NAME & ADDRESS:	TITLE:
NAME & ADDRESS:	TITLE: MGRM	NAME & ADDRESS:	e ii necessary)
rill manage the foreign limited liability NAME & ADDRESS: MARTIN T. Kern 5403 AshTon CT	TITLE: MGRM	NAME & ADDRESS:	e ii necessary)
rill manage the foreign limited liability NAME & ADDRESS: MARTIN T. Kern 5403 AshTon CT	TITLE: MGRM	NAME & ADDRESS:	e ii necessary)
rill manage the foreign limited liability NAME & ADDRESS: MARTIN T. Kern 5403 AshTon CT	TITLE: /YGR M	NAME & ADDRESS:	TITLE: ON SEP 27 PM 5: SECRETARY OF ST.

MARTIN J. KERN

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
HORIZON CAPE CORAL LLC	
2. The name and the Florida street address of the registered agent and office are:	
DANIEL BRANCH (Name)	
5403 AshTon CT Florida street address (P.O. Box NOT ACCEPTABLE)	
SARASOTA FL 34233 City/State/Zip	
Sity, Butto, 21p	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

5.00

Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE :

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON CAPE CORAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON CAPE CORAL LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0649119

DATE: 08-30-00

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